

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
1 W. Wilson St.
Madison WI 53702

To: Food Stamp Handbook Holders

From: Cheryl McIlquham, Director
Bureau of Health Care Eligibility

Re: **FS Handbook Release 03-05**

Release Date: September 19, 2003

Effective Date: October 1, 2003

EFFECTIVE DATE

Implement the instructions at application, recertifications, and change, or, if you wish, earlier. The following policy additions or changes are effective 10/01/03, unless otherwise noted. Bold text denotes new text. Italicized text denotes deleted text.

POLICY CHANGES

FS Handbook Release emails

A new email notification method will be used to notify Food Stamp Handbook users of handbook releases. Go to http://www.dhfs.state.wi.us/em/policy_notification/signup.htm and enter your email address and check the Food Stamps box. CARES and Policy coordinators will continue to receive an email when a handbook release is made.

12.02.33.03

This section on SSI-E payments was updated because of CARES changes that were made.

Old Procedure: Verify the claimed deductions at application, review, and when a change occurs. *Manually deduct the verified expense(s) specified above from the SSI-E payment before entering the balance into CARES on AFUI under "SISE". Document your actions in case comments.*

New Procedure: Verify the claimed deductions at application, review, and when a change occurs. **Enter claimed expenses in the SSI-E expenses field with the appropriate verification code on CARES screen AFUI when SSI-E income is entered.**

16.04.05

Old Policy: Allowable medical expenses are:

3. Prescription drugs when prescribed by a licensed medical practitioner authorized under state law.

6. Health and hospitalization insurance premiums, including Medicare premiums. Nursing home care insurance policies are deductible only if the policy states that the benefits are intended to pay medical bills - then it is reasonable to conclude that the household member intends to use the benefits for paying medical bills rather than normal living expenses. Note the limitations under, "16.4.6 Expenses Not Allowed," item 3 below.

New Policy: Allowable medical expenses are:

3. Prescription drugs when prescribed by a licensed medical practitioner authorized under state law. **This includes the cost of postage for mail-order prescription drugs.**

6. Health and hospitalization insurance premiums, including Medicare premiums. Nursing home care insurance policies are deductible only if the policy states that the benefits are intended to pay medical bills - then it is reasonable to conclude that the household member intends to use the benefits for paying medical bills rather than normal living expenses. Note the limitations under, "16.4.6 Expenses Not Allowed," item 3 below.

Only allow the premium of the elderly, disabled, or blind food unit member. For example, a mother pays \$165 for herself and her disabled son. If she only covered herself the payment would be \$100, therefore \$65 is the expense for the child. Count the \$65 as an allowed medical expense.

In the absence of specific information on how much of a premium is for the eligible food unit member, prorate the premium and allow the EBD member's portion of premium as the expense.

16.04.07 This subsection titled "MA Deductibles" was renamed "**Budgeting Medical Expenses including MA Deductible Expenses.**"

18.01.01 Cost of Living Adjustments were made to the net income limits.

New Policy:

FS Group Size Net Monthly Income Limit (100% FPL)

- 1 \$749
- 2 \$1,010
- 3 \$1,272
- 4 \$1,534
- 5 \$1,795
- 6 \$2,057
- 7 \$2,319
- 8 \$2,580
- 9 \$2,842
- 10 \$3,104
- Each additional member +\$262

18.01.02 Cost of Living Adjustments were made to the gross income limits.

New Policy:

FS Group Size Gross Monthly Income Limit (130% FPL)

- 1 \$973
- 2 \$1,313
- 3 \$1,654
- 4 \$1,994
- 5 \$2,334
- 6 \$2,674
- 7 \$3,014
- 8 \$3,354
- 9 \$3,695
- 10 \$4,036
- Each Additional member +\$341

18.02.00 Cost of Living Adjustments were made to the gross income limits for the elderly and disabled seeking separate household status.

New Policy:**Household Size Gross Monthly Income Limit (165% FPL)**

1	\$1,235
2	\$1,667
3	\$2,099
4	\$2,530
5	\$2,962
6	\$3,394
7	\$3,826
8	\$4,257
9	\$4,689
10	\$5,121
Each additional member +\$432	

18.03.00

Cost of Living Adjustments were made to the utility standard amounts.

New Policy:**Deduction Type Amount/Standard**

For AGs with 1-4 people	\$134
For AGs with 5 people	\$149
For AGs with 6 or more people	\$171

Dependent Care for each dependent:

under 2	\$200
2 and over	\$175

Shelter and Utility Allowances

Shelter Maximum	\$378
HSUA (Heating Standard Utility Allowance)	\$241
LUA (Limited Utility Allowance)	\$133
EUA (Electric Utility Allowance)	\$66
PUA (Phone Utility Allowance)	\$23
WUA (Water or Sewer Utility Allowance)	\$22
TUA (Trash Utility Allowance)	\$15
FUA (Cooking Fuel Utility Allowance)	\$23

Medical Allowance

Medical (Elderly & Disabled) expenses over \$35

18.04.00

Cost of Living Adjustments were made to the monthly maximum allotment.

New Policy:**FS Group Size Maximum Allotment**

1	\$141
2	\$259
3	\$371
4	\$471
5	\$560
6	\$672
7	\$743
8	\$849
9	\$955
10	\$1,061
Each additional member \$106	

18.06.00

Cost of Living Adjustments were made to the Allotment by monthly net income and FS Group Size. The table is too large to include here.

This new section titled "New Application Required due to Break in Service" explains when a new application must be filed after a FS AG closes.

Clarified Policy:

New Application Required due to Break in Service

A "*break in service*" occurs when the final day of the closure month has passed and FS have not reopened. Any break in service requires the person or group to reapply and complete the application process if they wish to receive benefits. This is considered to be a new application even if FS is closed for less than 30 days.

Example 1: FS closed effective 08/31/03. Effective 09/01/03 a new application for FS is required. See FSH Appendix 21.04.00 and 22.01.00 for requirements when case closed due to an agency-caused delay in scheduling an appointment or processing information, or 10 days have not yet passed for client to provide verification.

In situations where there has been a "break in service" and a new application is required, the filing date is set when the client does 1 of the following:

1. Completes client registration and submits a signed RFA (if closed more than 30 days); -or-
2. Submits the signed FS Application Registration form (HFS 16019A); -or-
3. Submits a completed CARES CAF or FS-Only Application (HFS 16019B).

Example 2: A FS case has been open since March. The 6-month review was due by August 30. The client did not show for the scheduled review appointment. It is now Sept 3 and s/he is calling to request a review appointment. In this scenario, the client would need to reapply for FS and benefits would be prorated from the date a signed application registration form is received either from client registration in CARES or HFS 16019A. This case would also require an evaluation for priority service.

The FS Application Registration form is used when an applicant comes into the agency, requests FS, but cannot stay to complete Client Registration in CARES because of their schedule or because there is not sufficient time or personnel to complete Client Registration before the office closes to the public. Mail (if applicant calls) or hand the form to the applicant. The date this signed FS Application Registration form is received in the agency is the filing date.

This procedure was set up to ensure customers have the opportunity to set a filing date the first day they contact the agency. In some instances, the customer may request to take this form or a FS Application with them. These materials should be made available for the customer to take. However, it is important for the agency representative to explain that:

1. The filing date cannot be set until the agency receives a signed HFS 16019A (application registration) or CRES from

client registration.

2. **Although a priority service determination is not required until the signed application form is submitted or client registration completed, when screening a potential applicant over the phone, information regarding the need for priority service may be gathered in order to schedule an interview appointment during the phone conversation. The filing date cannot be set without a signature, however a request for assistance can be documented and the paper CRES or HFS 16019A can be mailed to the potential applicant along with an appointment notice.**

25.09

The alien eligibility section of the Processing Guidelines chapter was updated to show alien policy changes effective 10/01/03. Individuals who are 18 and under with the following alien status codes are potentially eligible for federal food stamps: 01, 03, 04, 05, 06, 11, 15, 16, 17, and 19.

25.14

A new section was added to the Processing Guidelines chapter called "Suggested Verification Sources. The chart shows suggested verification sources for various eligibility requirements.

TYPOS, TECHNICAL, OR LINK CHANGES

Ch. 20 Forms

The subsections of chapter 20 that linked to DHFS forms were deleted and a link was given to the FS forms page where all FS forms are listed by name. Another link was given to a page that lists all IM forms and pubs by form number. Subsections that linked to a Department of Workforce Development form were kept and renumbered.